



The Maine Office
For School-Based
Service-Learning

Service-Learning Grant Application
Cover Page

Program Title:	
Amount Requested:	
School Admin Unit:	
Address:	
Superintendent or Chief School Officer:	"As superintendent/chief school officer, I acknowledge that this proposal has the authorization of the local school committee or governing body to operate and that proper fiscal records will be maintained for reporting purposes."
Name and title of authorized official:	
Signature:	
Telephone Number:	
Service-Learning Coordinator:	"As service-learning coordinator/grant administrator, I am fully aware of the requirements of the Maine Department of Education's Learn and Serve America, School-Based Service-Learning Request for Proposals and that this education agency will ensure full compliance with them."
Name and title of authorized official:	
Signature:	
Mailing Address:	
e-mail Address:	
Phone Number:	
Fax Number:	
Date Submitted:	